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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Shawn D. Stad, Christopher Rogers, Michael D. Sorrenti and Patrick Fatyol

Application No.: 10/616,506 Group: 3733

Filed: July 8, 2003 Examiner: Daniel J. Davis

Confirmation No.: 1774

For: ATTACHMENT MECHANISM FOR SURGICAL INSTRUMENT

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
9-22-06	Jane Morgan
Date	Signature
JANE MORGAN	
Typed or printed name of person signing certificate	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and replacement FIG. 6 for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	25	MINUS	* 25	
INDEP	4	MINUS	** 4	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20

** not fewer than 3

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 25	\$
X	\$ 100	\$
+	\$ 180	\$

TOTAL= \$ 0OTHER THAN
SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 50	\$ 0
X	\$ 200	\$ 0
+	\$ 360	\$ 0

TOTAL= \$ 0**The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY

Rate	Total Amount Owed
X \$125	\$[]

OTHER THAN
SMALL ENTITY

Rate	Total Amount Owed
X \$250	\$[]

Payment
Sufficient for
up to

[] Sheets

Petition for Extension of Time

[] Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.

[] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

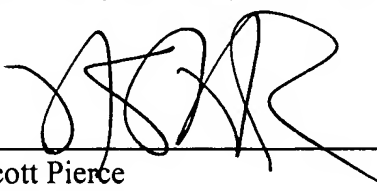
A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By  _____
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Concord, Massachusetts 01742-9133

Dated: 9/22/06



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JANE MORGAN	
Typed or printed name of person signing certificate	

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is being filed in response to the Office Action mailed from the U.S. Patent and Trademark Office on June 22, 2006 in the above-identified application. Reconsideration and further examination are requested.

Please amend the application as follows: